Oate of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of eath and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street of .	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state KD. Every item of inforof OCCUPA-Exact statement UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

-WRITE PLA

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	172
County Carroll	Registration Dist. No. 74
Village or City Eldenburg	NpSt.,Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lyabelle L. Nover	wy hauffu. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
8	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS then	I last saw h
2 / lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
S Trade profession or postilular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	alla shat was fall Vah 867
9 Industry or business in which	The state of the s
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and on the same time (years)) spent in this securation (month and on the same time than the same time than the same time (years).	Desert well ches
11. Total time (years) this occupation (month and 6/14/13) spant in this	Jugar Managan oran
this occupation (month and) 11/37 spent in this occupation	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	212
(State or country)	=) 9.5. would st leg - lowe 18
II 13. NAME Ges. W. Gist	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of County)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME & date Springers 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide A. A. C. A. Date of mjury
(State or country)	Where did injury occur? (dashed
17. INFORMANT Mes Grave Shipley	Specify who her injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Jerusille Md.	1 and of the
18 BURIAL CREMATION, OR REMOVAL	Manner of injury (AMA) WTMA
riaut., 19 tz	
19. UNDERTAKER WEEK WALL.	24. Was disease or injury in eny way related to occupation of daceased?
(Address) syrunder md,	If so, specify for the first form
20, FILED June 20, 19 37 affany Wen.	(Signed) M. D.
Registrar.	(Address)

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Jahr 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state okD. Every item of infor-UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(20)	
County Carroll		Registration Dist. No. 74	1 .
Village or City Leaves	2	Not pring feeld tale say	kelward
	. 72 4 (If	death occurred in a hospital of institution, give its NAME instead of street and n	umber) ·
Length of residanca in city or tewn where death	occurred A. yrs mos.		sds.
2. FULL NAME & Luca	ajslen	If U. S. Veteran, specify WAR	
(a) Residence: No. 27 32	(Usual place of abode)	Ostre Ward. Wallings Kd If nonresident give city or town and !	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
F. W.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH. (Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divosced HUSBAND of (or) WIFE of	oplin.	22. I HEREBY CERTIFY, That I attended of	decassad from
6. DATE OF BIRTH (month, day, and year)	kuowa	I last saw h. At alive on Lucio 18, 19.37	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at \$ 20 1m.	, 6040
Parent 67	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular	1 01	were as ronows.	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Macie	Disrudges and	4-1-
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9.Industry or businass in which work was done, as STLK MILL, SAW MILL, BANK, etc	_	Enteretie	
10. Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation		
12. BIRTHPLACE (city or town)	course	Other Contributary Canses of importanca:	
(Stata or country)	sea		
13. NAME	usion		
13. NAME LUSA 14. BIRTHPLACE (city or town) (State or country)	reson	Nama of operation	
	Line	What test confirmed diagnosis? Was thera an ar	
E //	la	23. If death was due to external causes (VIOLENCE) fill in also the following:	
2 16. BIRTHPLACE (city or town). (State or country)	Resource	Accident, suicide, or homicida?	, 19
17. INFORMANT Haspital (Address)	Records	Whare did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	:) NCE.
18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Windson D	ill Rine 21 19 37	Manner of injury	
19. UNDERTAKER Jack Lung (Address) North & Bull	aw Mare Balto.	Nature of injury 24. Was disease or Injury in any way related to occupation of deceasad?	
20. FILED June 19, 1937 OHan	vy weev Registrar.	(Signed) Maried, M. Reservisse M.	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

V. S. No. 1

WRITE PLA

N. B.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	and the same same same same same same same sam		
Other contributory causes of importance:		Other contributory causes of importance:	144
Gallstones	May 1,1923	Gastroenteritis	1 year
			+

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
						440

B.—WRITE

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TE PL	noys u	E OF	is ve
RITE PL	ion shou	USE OF	N is ve
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESEARCH of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERT	FICATE	OF	DEATH
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11.	1	10	1
U	T	U	3

1. PLACE OF DEATH	-	92-0		~ /
County County	ele		Registration Dist. No	1
Village or City		NoNo	ution give its NAME instant.	St.,Ward
Length of residence in city or town where death	14. /			
2. FULL NAME Edus	ad Casse	If U. S. Veteran	specify WAR	·
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city	or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL C	ERTIFICATE OF	DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word)	21. DATE OF DEATH	Month) (Da), 193) (Year)
5a. If merried, widowed, or divorced HUSBANO oI (or) WIFE of	a Carrell	may 30th	Y CERTIEY, That	l attended deceased from
Service of the servic	dr. 21 1847	last saw has elive on	June 16	1936 : death is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date sta	ed above, at 9 300 m	, 1039, 0000113 3010
89 1	26 1 day,hrs.	The PRINCIPAL CAUSE OF DEA were as Ioliows:	TH and related causes of imp	ortance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Costane	Chr Vala He	at Dire	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation			
1 7 3001	Occupation	Other Contributory Causes of imp	oortance:	9
12. BIRTHPLACE (city or town) (State or country)		etterissel	uoles	
	assell.			
13. NAME 14. BIRTHPLACE (city or town)				
I4. BIRTHPLACE (city or town)	L .	Name of operation		*
(otato of observe)	40	What test confirmed diagnosis?		
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	CA.	23. If death was due to external ca Accident, suicide, or homicide?	Dete of ir	njury, 19,
17. INFORMANT Me. Barbar (Address) Sur correle	a Cossell	Specify whether injury occurred	(Specify city or town, co in INDUSTRY, in HOME, or Ir	unty and State) 1 PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ate June 19,1931	Manner of Injury Nature ol injury		
19. UNDERTAKER HER THE	ile jud.	24. Wes disease or injury in any	way related to occupation of d	leceesed?
20. FILED June 17, 1937 OST	any Herr Registrar.	(Signed) (Address Page	Martin	M. D.
	ACESISTAT.	(do los de la contraction de	COURTED - WILL	F-9

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Example 1			Example 11			
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	JUL 3 1937	July 5,1927	Peritonitis	3 days ago		
	BUREAU V. S.					
Other contributory ca	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND_CERTIFICATE OF DEATH

1. PLACE OF DEATH	IARTEAND	- (IG) 2)	OI DEATH	
County Danvell			Registration Dist. No	74
Village or City Suprassed	(1)	No. f death occurred in a horpital or institution. ds. How long in U.S. if of	Sion, give its NAME instead of stree	t.,Ware
(a) Residence. No.	tisville sualplace of abode)	St., Ward.	If nonresident give city or tow	yn and State
PERSONAL AND STATISTICAL I		MEDICAL CE	ERTIFICATE OF DEAT	
Z Col OR E	LE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	30 (Month) (Day)	, 193. 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) V-IFE of		22. 1 HEREBY	CERTIFY, That I atte	endad deceased fro
6. DATE OF BIRTH (month, day, and year)	27 1937	I last saw h_ dive on	6-30, 19	3.7.; death is sal
	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATI were as follows:		Date of onset
8. Trade, p:ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	V	0.1.2		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		Leterus Mona	thum	bert
10. Date deceased last worked at this occupation (month and year)	1. Total tima (years) spent in this occupation			
12. BIRTHPLACE (city or town)(State or country)	L.	Other Contributory Causes of impor	rtanca:	
13. NAME Ind	liver			
14. BIRTHPLACE (city or town) (State or country)	d.	Name of operation What test confirmed diagnosis?		a of
15. MAIDEN NAME Live & Davies 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME Live & Davies 18. MAIDEN NAME Live & Davies 19. MAIDEN NAME Live & Davies 19. MAIDEN NAME Live & Davies 19. MAIDEN NAME Live & Davies 10. MAIDEN NAME Live & Davie		23. If death was due to external caus Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred In	Date of injury (Specify city or town, county ar	, 19
(Address) 18. BURIAL, CREMATION, OR REMOVAL PLACE MACHINE MAC. Oate	July 1 , 1937	Manner of injury Nature of injury		
19. UNDERTAKER (Address)	elts, md	24. Was disease or injury in any wat if so, specify(Signed)	related to occupation of decease	
20. FILED (\$10.00), 19.37	Registrar.	(Andress)	skewill md	•

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT IN MARGIN RESERVED FOR BINDING mation should be carefully supplied. -WRITE PLANKY, WITH

V. S. No. 1

PHYSICIANS should state ORD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3466
1. PLACE OF DEATH	100	
County Carroll,	Registration Dist. No.	41
Village or City Springfield State Hospital	No. Sy/Tesville Md. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or vown where death occurredyrsmos	. 2.0 ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Cecelia Harrigan,	If U. S. Veteran, specify WAR	
(a) Residence: No. 1214 N. Patterson Park a (Usual place of abode)	ve, SK, Ward. Ballimore, Ma	d ,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 3. SEX 4. COLOR OR RACE Female White Single, Married, WIDOWED, OR DIYORCED fruite the word) Single	21. DATE OF DEATH June 28,	193. 7.
5a. If married, widowed, or divorced HUSBAND of	(bay)	(1001)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended do	
Sout 20 1050		
6. DATE OF BIRTH (month, day, and year) Sept. 30, 1857. 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 950 Am.	death is said
79 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNER Saleswoman.	Meule Sovar Pneumoma	0-24-3
9. Industry or business in which work was done, as SILK MILL, Doot		
SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and 1924. 11. Total time (years) spent in this year) year).		
	Other Cuntributury Causes of importance:	
12. BIRTHPLACE (city or town) - Mary land.	Chronic Myocardilis prior to 6.	8.27
13. NAME James Flanigan,	Creatives rayuses society prair to 0	0 3/1
= //	Name of operation Date of	
Z 14. BIRTH/LICE (city or town) Preland.	What test confirmed diagnosis? Clinical Symploms, as there an au	tonew? No
15. MAIDEN NAME Esther Riley.	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	ropsyl
15. MAIDEN NAME Esther Riley. 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Springfield Hospital Records, (Address) Systesville, Md.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	CE.
18. BURIAL CREMATION OR REMOVAL Place Level Called al Date July 1 1937	Manner of injury	
19. UNDERTAKER Leo IS Control (Address) 1703 no Part Services and	24. Was disease or injury in any way ralated to occupation of deceased?	20.
20, FILED June V8, 19 37 Cotsuy Hur Registrar.	(Signed) Harry F. Baer (Address) Sylkesville, M	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1111 3 1937	1915	Attack of epilepsy	1 weck ago
ritis	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
uses of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
CHECK TO THE			
	111 3 1937 ritis	f death and related causes of onset should be	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car 1915 1921 Peritonitis Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state rkD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. WRITE PLA

FOR BINDING

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6467
1. PLACE OF DEATH	940
County Carroll	Registration Dist. No.
Village or City Westmintter	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry Fogle	If U. S. Veteran, specify WAR
(a) Residence: No. 94 Penn	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
56. If married, widowed, or divorced HUSBAND of hellie Hood # ogle (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 8 - 28 - 1883	I last sew h. J. M. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data state above, at 10 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
3 3 7 4 0 ormin.	were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, Machinist SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Angua Cartonia Apr. 195
work was done, as SILK MILL, OWN SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation (comparison)	
^	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Jamuel tople	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of What test confirmed diagnosis?
# 15. MAIDEN NAME & ycelia Horton	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT MA Pullie Fogle (Address) Australia Togle (Address) Australia Togle	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place LUCK Delm: Date LWL 91, 1937	Menner of injury
19. UNDERTAKER & Bankard & Son (Address) area toming to mob	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 6/20, 1977 Allee Registrar.	(Signed) (Address) (Addres

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemotrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones BUKEAU	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN plain efully OF DEATH plnods CAUSE LION

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch 23) County Carroll Registration Dist. No. 74 Village or City Henryton, Maryland Length of residence in city or town where death occurred 2. FULL NAME Lottie Virginia Franklin If U. S. Veteran, specify WAR -- None (a) Residence: No. 609 Sharp St., Baltimore, StMd. Ward. (Usual place of abode) If ponresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female Colored Married 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of I HEREBY CERTIFY. That I attended deceased from Robert Franklin Mav 19 37 to June 19 6. DATE OF BIRTH (month, day, end year) July 27. 1909 to have occurred on the date stated above, at 5,00 mP. 7. AGE Months Days If LESS than 1 day, hrs. 23 The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 or min. were as follows: Oate of poset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION Housewife 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. at home 10. Date deceased last worked at e deceased tast works and Unknown 11. Total time (years) spent in this Unknown Baltimore 12. BIRTHPLACE (city or town) ... Marvland (State or country) Charles Thomas 13. NAME 14. BIRTHPLACE (city or town) Harpers Ferry FAT Name of operation.... (State or country) West Virginia What test confirmed diagnosis? Wes there an autopsy? NO MOTHER Lottie Minard 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Leonardtown Accident, suicide, or homicide? Maryland (State or country) Where did injury occur?____. (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Reuben Hoffman, M. D. Henryton, Maryland. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury in any wey related to occupation of deceased? NO If so, specify 20. FILED 6/19/37 19 (1) (Address) Henryton. Aryland. Registrar. enuty Local If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	18. 44. 70	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis 463	1 year
	A /	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

-WRITE PL

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

10		0	6
10	1	6	34
U	K	V	0

	1. PLACE OF DEATH	(120)
	County Carroll	Registration Dist. No. 7J
'	Village or City Manchester Dist!	No. St. Ward
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	2. FULL NAME Ellen Sarret	
	(a) Residence: No. Manchester Pro-	Uf nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 29, 193, 7 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - Neuken A. Janett	22. I HEREBY CERTIFY, That I ettended deceased from 6-25, 1937, to 6-29, 1937
יבו מווימונים	8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. orhrs. ormin.	to have occurred on the date stated above, at 4:m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Bastro-Enterities Date of onset 6-29, 19.37; death is said to have occurred on the date stated above, at 4:m. Date of onset 6-29, 19.37; death is said to have occurred on the date stated above, at 4:m.
cuous on pace of	S. Hade profession of particular and the second of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
1701	(State or country) and going.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	13. NAME Jacob Menofey 14. BIRTHPLACE (city or town)	Neme of operation
2	(State of country), of a facilities of the	What test confirmed diagnosis? Was there an eutopsy?
at a militar cant.	15. MAIDEN NAME A Solution 15. MAIDEN NAME (City or town) 16. BIRTHPLACE (city or town) Mary and 17. INFORMAN Taul CARLES (Address) Mary Charles and P. D.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2 1	18. BURIAL, CREMATION, OR REMOVAL Jack & Penne . Shownans Church Cempate July 2, 19.37	Manner of injury
OTT.	19. UNDERTAKER (Address) Little Sound & Per R. A. 20. FILED WAS BO., 1937 90 98. R. S. S. S. M. R. Registrar.	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephralis E C	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3031	Other combibutory causes of importance:	
Gallstones	May 1,1986	Gastroenterios	1 year
		Q 1 1 1	
ADDITIONAL SPACE F	OR FURTH	EL STATEMENTS BY PHYSICIAN	
		1:0	

V. S. No. 1

1. PLACE O	F DEATH	Maryl			s Sanato	rium		
County	Carroll		Color	ed Bran	ich 😕	Registration (Dist. No. 7	4
	city Henryton		CH	No. death occurred in	(above n a hospital or institution low long In U.S. if of t) on, give its NAME	St.,	War
	ME Mary Fra				If U. S. Veteran, s	pecify WAR	None	
(a) Kesidei	nce: No. Sherwood	(Usual place	of abode)	u • St.,	ward.	If nonresident s	give city or town a	and State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS		MEDICAL CE	RTIFICATE	OF DEATH	
female	4. COLOR OR RACE Colored	5. SINGLE, MARE OR DIVORCED Marri	(regrite the word)	21. DATE	OF DEATH	June (Month)	1,	, 193 7 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wad, or divorced Louis (Grace			HEREBY ary 24,	CERTIFY		
6. DATE OF BIRTH	(month, day, and year) ME	av 2. 19	09	I last saw h	er allva on	June 1,	193	
	ars Months	Days 30	If LESS than 1 day,hrs. ormin.	to have occurr The PRINCIP ware as follow	red on the date stated	above, at 11:	10 mP.M. s of Importance	Date of ons
kind of SAWYER SAWMEN WORK WAS SAW WAN	businass in which is dona, as SILK MILL, LL, BANK, atc	Domestic Unknown 11. Total ti	ma (yaars) it in thisUnkno pation		Pulmonary		culosis	Nov. 1934
12. BIRTHPLACE (c (State or cou	ity or town) Sherwo	pod	pation		utery Causes of import	ance:		
™ 13. NAME	Willia	am Henry	Dennis					
13. NAME 14. BIRTHPLAC (State o	E (city or town)St Mic r country) Maryle	chaels and			ntion		Data of	in autopsy?
15. MAIDEN NA 16. BIRTHPLAC (State o	country) Sherwork Maryla	e Fields ood and ffman, M ton, Mar	.D.	23. If death was Accident, sulc Whare did Inju	s due to external cause ide, or homicide? ury occur? ar injury occurred in i	(Specify city or	I in also the follow Date of injury	ving: , 19
	TION, OR REMOVAL	Date Zin	S. 1. 19.37		ury			
19. UNDERTAKER (Addrass) 20. FILED 6/1	137 19 alle	arsha ichael at R Se	e Aux.	If so, spacify (Signad)	a or injury in any way	Hof	tion of deceased?	No

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
00 111 9 10 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FÜRTHER	STATEMENTS	BY	PHYSICIAN
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4

WITH UNFADING INK—THIS IS A PERMANENT R.

V. S. No. 1

Exact statement of OCCUPAstated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLA

1. PLACE OF	STATE C		YLAND— Yland Tube	CERTIFICATE OF DEATH erculosis Sanatorium	710
County Ca			Colo	red Branch 23) Registration Dist. No. 74	
Village or City	Henryton		(16	No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and	
	nce in city or town whera			ds. How long In U.S. if of foreign birth?yrsm	10sds
	E Robert			If U. S. Veteran, specify WAR-None	
(a) Residence	: No. 843 V11	10 St.,	Baltimore	Sid. Ward. If nonresident give city or town and	d State
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE Colored	OR DIVORCE	RRIED, WIDOWED, ED (write tha word) OWER	21. DATE OF DEATH June 1, 1937 (Month) (Day)	., 193(Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended September 30 1937 to June 1	daceased from
6. DATE OF BIRTH (m	onth, day, and yaer) JU	ine 5. 1	1873	I last saw him allva on June 1 1937	; death is said
7. AGE Years	Months 11	0ays	If LESS than I dey,hrs.	to have occurred on the date stated above, et 10.50 m.P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade professi		Labore		Pulmonary Tuberculosis	Date of onset
9. Industry or bu work was d SAW MILL,	sinass in which lone, as SILK MILL, BANK, etc	Unknov II. Total nown sp	vn tima (years) ent in this Unkne	WM	Sept 1935
12. BfRTHPLACE (city (State or countr	or town) POCOE	npke Cit		Other Contributory Causes of Importance:	
₩ 13. NAME	Henry	Gumby			
14. BIRTHPLACE (city or town) Sandy ountry) Mary			Neme of operation Oete of What test confirmed diagnosis? Wes there an	autopsy? NC
15. MAIDEN NAM	Ameli	la Denni	s	23. If death wes due to externel causes (VIOL ENCE) fill in also the followin	g:
15. MAIDEN NAMI	city or town) Pocor ountry) Mary]	oke Cit	.y	Accident, suicide, or homicide? Oate of Injury	
	euben Hoff lenryton, M			(Specify city or town, county and Sta Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATIC	OR REMOVAL	Data	\$ 5,137	Manner of Injury	
19. UNOERTAKER (Address)	1984. BL	Heinst,	ey	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILEO 6/1/3	Der Der	et R. Souty Loc	al Registrar.	(Signed) (Susse Horyton) Maryland.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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of onset 1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
		- "
1921	Run over by street car	
	20000 0000 000	1 week ago
15,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

V. S. No. 1

item of infor-

STATE OF	MARYL	AND-	-CERTIFIC	CATE	OF	DEATH
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6473

1. PLACE OF DEATH	920
County Carroll	Registration Dist. No. 7
Village or City Manaleester	NoNoSt Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
7,100,000	ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME William of Ha	Mis
(a) Residence: No. (Usual place of abode)	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (wrie the word)	Frence 5 1937
5a. If married, widewed, or divorced	(Month) (Dey) (feer)
HUSBAND of Martha M dell	22. THEREBY CERTIFY That I ettended deceased from
Marina Marin	July 1935, to terrel 5, 1937
6. DATE OF BIRTH (month, dey, and yeer) Left 76-186 J	I last raw here alive on Atay 1.8, 1937; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted ebove et 5.15 Am.
71 8 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	arterio Salersed Dete of onset
SAWYER, BOOKKEEPER, etc.	(Leveral)
9. Industry or business In which work was done, es SILK MILL, Own January	Capelio Kenglaleglace
SAW MILL, BANK, etc	with myocardial elegenerate 1935
this occupation (month and 1936 11. For all time (years) spent in this occupation occupation occupation	()
12. BIRTHPLACE (city or town) Mayla !	Other Coatributory Causes of importence:
(Stete or country)	
W 13. NAME Delas Delas	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
(State or country) / any and	Whet test confirmed diagnosis? Para Service Was there en autopsy? 40
15. MAIDEN NAME Cizaleth Hellewhenses	23. If deeth wes due to external ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Stete or country)	Where did Injury occur?
many many many	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Mesture to Mest	opens, whether many occurred in Andostat, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plecol a slay Com Dete June 8, 1937	Neture of injury
19. UNDERTAKER Eddy effication	24. Wes disease or injury In eny way related to occupetion of deceded?
(Addiess) Haufalera Mad	If so, specify
as we should some some of Daniel	(Signed) W. La A Toliche M.D.
20. FILED JULE 6 , 19 37 M/49 N. J. J. Delle	11100-7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WI WELAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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)	A	13
1	TION is very important. See instructions on back of certificate	3. 56 6. 7. NOTHER FATHER III
2	Z	_
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j	H	1
		-

1. PLACE OF DEA	11		fre,s		gistration Dist. No	7 /
2. FULL NAME	sity or town where do	eath occurred	yrsmos. ilterbrid		n birth?mc	osd
(a) Residence: No.		(Usual place	of abode)	St, ward.	nonresident give city or town and	State
PERSONAL A	ND STATISTIC	CAL PARTI	ICULARS	MEDICAL CERTIF	FICATE OF DEATH	
58. If married widowed, of will hubband of concern of Samu 5. DATE OF BIRTH (month, d	el D.Hil	or Divorce wild	ile	22. I HEREBY CE [1 1 1 1 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3	RTIFY That I attended	deceased fro
7. AGE Years	Months 8	Days 29	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, The PRINCIPAL CAUSE OF DEATH and re were as follows:	, ,	D
work was done, es	, as SPINNER, EPER, etc			Cerlbrat Ste	monlog	Date of onse
m tills occupation (iii	rked at	11. Total t	ime (years) nt in this upation			
12. BIRTHPLACE (city or town (State or country))	Md		Dther Coutributory Causes of importance:		
13. NAME George	A.Bower	sox		Junian 5000		
		Ma.		Name of apprehlan		

(State or country)

Copenhaver 15. MAIDEN NAME MAY V Md. 16. BIRTHPLACE (city or town)

(Stete or country) Mrs. Martin L. Myers Westminster Md. B. D

(Address) 8. BURIAL, CREMATION, OR REMOVAL Cementry
DetJune 27 19 37

O. FUSS & SON Tane ytown . Md. 9. UNDERTAKER (Address)

Registrar.

What test confirmed diagnosis?_____ Was there en autopsy?____ 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:

Where did injury occur?_____

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury.

If so, specify (Signed).

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(Address)

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		A BIN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· Ph	

CE OF MADVIAND CEDTICICATE OF DEATH

	1. PLACE OF DEATH County CARROLL			Registration Dist. No.	74
Village or City_S	pringfie.	ld Stat	e Hosp.	No.Sykesville, Maryland St. death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence In c	ity or town where dea	ath occurredC	22_yrs,Dmos.		mosds.
2. FULL NAME	ELSIE R	. HOOD		If U. S. Veteran, specify WAR	
(a) Residence: No.	3008	(Usual place	A WYG	St. Ward. Baltimore, Md.	
PERSONAL AN	ID STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
	Wnite	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 8, (Day)	, 193_7 (Yeer)
5a. If married, widowed, or diver HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I atte Dec. 15, 1936 to June	
6. DATE OF BIRTH (month, da	v and veer)	880 (?)		Hast saw her alive on June 7, 19	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at JiDDAm.	
57	Unk.	Unk.	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or pkind of work done. SAWYER, BOOKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10. Bate deceased last wo this occupation (mg.	, as SPINNER, EPER, etc	Non	ie ,	Broncho-Pneumonia	6-3-3'
9. Industry or business i work was done, as SAW MILL, BANK,	SILK MILL, etc				
10. Bate deceased last wo this occupation (mo year)	onth and	spe	ime (yeers) ntin this upation		
12. BIRTHPLACE (city or town	Marv	land		Other Contributory Causes of importance: Epilepsy wity mental De-	
	K Hood	Lanu		ficiency since early childh	0.00
14. BIRTHPLACE (city or t (Stete or country)	14. BIRTHPLACE (city or town)			Name of operation Clinical symptol What test confirmed diagnosis? Was ther	e of MS e en autopsy?
15. MAIDEN NAME	Anne E.	Tipton		23. If death was due to external causes (VIOLENCE) fill in also the following	lowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or t		vland		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Springfield Hospital Records (Address) Sykesville, Maryland				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR		Date June	e 9 ,193/	Manner of Injury	
19. UNDERTAKER Zu	Leve of	for	and	24. Was disease or injury in any way related to occupation of decease	d?No
20. FILED 6/8	1939 C,	Harry	week	(Signed) Harry F. Baer	m. D

mation should be carefully supplied. -WRITE PLA V. S. No. 1 ż

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

he

should state

PHYSICIANS

Exact statement of OCCUPA-

RD. Every item of infor-

PERMANENT R stated EXACTLY. properly classified.

UNFADING INK-THIS MARGIN RESERVED

AGE should be

FOR BINDING

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	Example II	1
Example I The principal cause of death and related causes Date of onset of importance were as follows:		
S 1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
Tay 1,1923	Gastroenteritis	1 year
	=	
	S 1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Tuly 5,1927 Peritonitis Other contributory causes of importance:

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 6476
1. F	PLACE OF DEATH	1	<u> </u>
	County and	(11	Registration Dist. No. 70
	March M.	Ilnin (b)	
	Village or City fill life life	WWW CH	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deatl	n occurredmosmos.	ds. How long in U.S. if of foreign birth?yrsnosds.
2 5	FULL NAME ACC	In John	un Jus modochus
~ .	7.	100 Police	CV Throw I am I
	(a) Residence: No.	(Usual place of abode)	nonresident give city or town and State
	PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX	4. COLOR OR BACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1	nato Minuco	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. if n	narried, widowed, or divorced USBAND of		
H (0	USBAND of or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
	7	0/102	, 19, to, 19,
6. DAT	E OF BIRTH (month, day, and year)	1 16,140/	i last saw h; death is said
7. AGE	Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
z 8	Trade, profession, or particular	7-1	The state of the s
음	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s	My fll Volue
A N	. Industry or business in which work was done, as SILK MILL,	for the same of th	/
OCCUPATION	SAW MILL, BANK, etc	11 Total time (years)	
0 10	this occupation (month and year)	11. Total time (years) spent in this occupation	
	70017	1	Other Contributory Causes of importance:
12. BIF	(State or country)	Aford,	
0:	1 100011 14		
エー	NAME TY YUK	mm	
I from 1	. BIRTHPLACE (city or town)	mf and	Name of operation
	(State or country)	18/2	What test confirmed diagnosis? Was there an autopsy?
I	MAIDEN HAME (COM)	learny,	23. If death was due to external causes (VIOLENCE) fill In also the following:
	BIRTHPLACE (city or town)		Accident, suicide, or homicide?, 19, 19, 19, 19, 19
2	(State or country)	Lord a	Where did Injury occur?(Specify city or town, county and State)
17. INF	FORMANT M-	m	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Maddle	eny /The	
18. BU	RIAL, CREMATION, OR REMOVAL	1/6/01 27	Manner of injury
	Place Mit Give Cemen	Mie / 26 , 193 /	Nature of injury
19. UN	DERTAKER Paymon Foto	non	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Profile	lung The	If so, specify
20, FIL	FD / 1937 Thos (1)	Teal of Delles	(Signed) M. D.
20, 112	1	Registrar.	(Address) fram 10 fell o
	If more blan	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?______ds. Length of residence in city or town where death occurred If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE- MARRIED, WIDOWED, 21. DATE OF DEATH (Day) 5a. If married, widowed, or diverged HUSBAND of I HEREBY CERTIFY, Thet I ettended deceased from (or) WIFE of death Is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at____ If LESS than 7. AGE I day,hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or ____ min. Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.... OCCUPAT Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc. 10. Date deceesed last worked et 11. Total time (yeers) spent in this this occupation (month en occupation. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FAT 14. BIRTHPLACE (city or town) (State or count) MOTHER 15. MAIDEN NAME Accident, suicide, or homicide 16. BIRTHPLACE (city or town) (State or country) Where did injury occur (Specify city or town, county and State)

18. BURIAL, CREMETION, OR

(Address)

19. UNDERTAKER (Address)

Registrar.

Nature of Injury.

24. Wes disease or injury in any way related to occupation of deceased

If so, specify

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF	MARYLAND—CERTIFICATE OF DEATH	6478
EATH		

STATE OF MARTENIE	CERTIFICATE OF DEATH 0410
1. PLACE OF DEATH	(108)
County Carrall	Registration Dist. No. 7. S
21	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
e + 1 = 1 9	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Gertrude Comily Les	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE OR DIVORCED (write the word) Temple White Market Mark	21. DATE OF DEATH 24 , 193 7
5a. If married, widowed, or divorced HUSBAND of George & Leese	22. I HEREBY CERTIFY, That I attended daceased from 19.35 to June 24 19.37
6. DATE OF BIRTH (month, day, and year) amil 19 1868	Hast saw h & elive on June 24 , 1927; death is said
7. AGE Years Months Days II LESS then	to have occurred on the data stated above, at 10 Am.
69 2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
2 Trade profession or particular	Olivonie myocardelis 1938
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Grel- al Themorrhage, 1975
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Data decaased last worked at this occupation (mode) and 93 year) 11. Total time (years) spant in this occupation occupation	
, , , , , , , , , , , , , , , , , , ,	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Agrocal is venum (mas 1/2/3)
	Liften premioned curtific
I Total	Nilson and an analysis of the second
14. BIRTUPLACE (city or town)	Name of operation Dete of Whet test confirmed diagnosis? Rusp Cyassa Was there an autopsy? No
	23. If daeth was due to axternal causes WIOLENCE) fill in also the following:
I Swam Co / Woulder	Accident, suicide, or homicide?Date of injury19
O 16. BIRTHPLACE (city or town) (Stata or country)	Wh 414 (-1
17. INFORMANT Gauge El Lacoe (Address) Mach chester md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Man Chester Md Date 6 - 27 1937	Nature of injury
in marriage and Windling Sano	24. Wes diseasa or injury in any way related to occupation of decaesad?
19. UNDERTAKER JACON WALLS SON	If so, specify
1 1 2 2 2 1	(Signed) W. Rohemer M. D.
20. FILED FULL V 6 , 1937 THE H. J. J. S. SUMME Registrar.	(Addrass) Manchester Md

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V. S. No. 1

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TA DIDTUDIACE (city or town)		work was done, es SILK MILL, SAW MILL, BANK, etc	ma ma
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TA DIDTUDIACE (city or town)		n . /	DI So so ucti
TA DIDTUDIACE (city or town)	1	13. NAME Coraham Schan	VFA olied cms, nstr
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OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of Mathields gress! 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than I day, hrs. or hrs. or hrs. or hrs. or hrs. or hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation. Other Cestributery Casses of importance: 12. BIRTHPLACE (city or town) (State or country) Mathie Data Am Schaaffer Luisa. Name of operation. Name of operation. What test confirmed diegnosis? Was there an autopsy? Mathematical confirmed diegnosis? Was there an autopsy? Mathematical confirmed diegnosis? Was there an autopsy? Mathematical confirmed diegnosis?	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6479
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Length of residence in gify of town where death occurred. 2D. yrs	County Danoll	Registration Dist. No.
2. FULL NAME BLEE farmin Fayne distance II U.S. Veteran, specify WAR. (a) Residence: No. (Usual place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED Manuel 5a. If married, widowed, or divoged insurance in the word insurance in the date-drafted above, at. 25, 1957. 6. BATE OF BIRTH (month, day, and year) And 1 day	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARKED, WIDOWED OR DIVORCED Comits the word) St. If married widowed, or divorced OR DIVORCED Comits the word) 6. DATE OF BIRTH (month, day, end year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Industry or business in which was done; as SIMBER, Ranked, with the word as to light the continuous of the word as to light to light to country) 8. Industry or business in which was done; as SIMBER, Ranked word on the word of t	Length of residence in city or town where death occurred 22 yrs	ds. How long in U.S. iI of lorelgn blrth?yrsmosds.
Comparison of the process of the p	2. FULL NAME Denfamin Layne dell	STUS If U. S. Veteran, specify WAR.
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 day,		
8. Trade profession or particular or min. 9. Industry or business in which or min. 9. Industry or business in which or min. SAW MILL BANK, etc. (D) Date deceased lest worked at poper in this occupation of month and year) Saw MILL BANK, etc. (D) Date deceased lest worked at poper in this occupation. Other Cestributery Causes of importance: 12. BIRTHPLACE (city or town) (State or country) May 13. NAME And And Schaeffer Lucius 14. BIRTHPLACE (city or town) (State or country) May 14. BIRTHPLACE (city or town) (State or country) May 15. MAIOEN NAME Charlotte Payer 16. BIRTHPLACE (city or town) (State or country) May 15. MAIOEN NAME Charlotte Payer 17. INFORMANTAL Advance Charlette Payer (Address) May 19. Date of injury Where did injury occur? (Specify city or town, county and State) Specily whether injury occurs in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER HEAD AND AND CARMANTAL Place Place Place Place (Signed) 11. So, specify (Signed) M. D. C. Januaria. M. D. C. Januaria. M. D. C. Januaria.	6. DATE OF BIRTH (month, day, end year) Jam. 9 - 1 8 75	19, 19, 19, 19
8. Trade, profession, or particular land of work done, es SPINNER, SAWER, BOOKKETER, SAWER, SOKKETER, SAWER, BOOKKETER, SAWER, SOKKETER, SAWER, SAWER, BOOKKETER, SAWER, SAWER, BOOKKETER, SAWER, SAW	. I day has	
Sind of work done, es SPINNER, SAWYER, BOOKERPER, etc. SAWYER, BOOKERP		THE RESIDENCE OF PERSONS OF THE PERS
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What test confirmed diegnosis? Was there an autopsy? ??? What test confirmed diegnosis? Was there an autopsy? ??? What test confirmed diegnosis? Was there an autopsy? ??? If. MAIOEN NAME Charlotte Page 23. If death was due to external causes (VIOLENCE) fill in also the Iollowing: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 18. BURIAL, GREMATION, OR REMOVAL Plece Place County and State) 19. UNOERTAKEP Samkar for 19. UNOERTAKEP Samkar for 19. UNOERTAKEP Samkar for (Address) Whether injury in eny way related to occupetion of deceased? It so, specify (Signed) 20. FILEO (Signed) Manner of injury in eny way related to occupetion of deceased? M. D.	13. NAME Cotaham I chaefoer Leister	
15. MAIOEN NAME Charlotte Payne 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANIAL Harry Line (Address) Warming 18. BURIAL, CREMATION, OR REMOVAL Plece Dillow Gram Oate Mile 1937 19. UNOERTAKEP Bankar A. (Address) Manner of injury 19. UNOERTAKEP Bankar A. (Address) Manner of injury 19. UNOERTAKEP Bankar A. (Address) Manner of injury Neture of injury 19. UNOERTAKEP Bankar A. (Specify city or town, county and State) Specify whether injury because in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNOERTAKEP Bankar A. (Signed) 11. So, specify (Signed) M. D.	14. BIRTHPLACE (city or town)	Q.
17. INFORMAN MY Harry Lists (Address) Wathriams 18. BURIAL, CREMATION, OR REMOVAL Plece Mudre Cem. Oatefune 26, 1937 19. UNOERTAKEP Harry (Address) Meture of injury (Address) Meture of injury 19. UNOERTAKEP Harry (Address) Meture of injury in eny way related to occupetion of deceased? 24. Was disease or injury in eny way related to occupetion of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury 19. UNOERTAKEP Harry (Address) Meture of injury in eny way related to occupetion of deceased? 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Neture of injury (Signed) (Specify city or town, county and State)	0.0	
17. INFORMAN MY Harry Lists (Address) Wathriams 18. BURIAL, CREMATION, OR REMOVAL Plece Mudre Cem. Oatefune 26, 1937 19. UNOERTAKEP Harry (Address) Meture of injury (Address) Meture of injury 19. UNOERTAKEP Harry (Address) Meture of injury in eny way related to occupetion of deceased? 24. Was disease or injury in eny way related to occupetion of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury 19. UNOERTAKEP Harry (Address) Meture of injury in eny way related to occupetion of deceased? 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Neture of injury (Signed) (Specify city or town, county and State)	and the same of th	
17. INFORMANTING Harry Lines Specify whether injury occupied in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Warry 18. BURIAL, CREMATION, OR REMOVAL Plece trudge Common Oate (Manner of injury) 19. UNOERTAKED (Signed) 24. Was disease or injury in eny way related to occupetion of deceased? II so, specify (Signed) M. D.	State or country	
18. BURIAL, CREMATION, OR REMOVAL Plece Issued Com. Oate 1937 19. UNOERTAKEP Bankar to (Address) Gesting to (Address) Gesting to (Signed) 20. FILEO (Signed) Manner of injury Neture of injury in eny way related to occupetion of deceased? 21. Was disease or injury in eny way related to occupetion of deceased? (Signed) Manner of injury Neture of injury in eny way related to occupetion of deceased? (Signed) Manner of injury Neture of injury in eny way related to occupetion of deceased? Manner of injury Neture of injury in eny way related to occupetion of deceased? Manner of injury Neture of injury in eny way related to occupetion of deceased? Manner of injury Neture of injury in eny way related to occupetion of deceased? Manner of injury Neture of injury in eny way related to occupetion of deceased? Manner of injury Neture of injury in eny way related to occupetion of deceased? Manner of injury Neture of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased? Manner of injury in eny way related to occupetion of deceased?		Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKED Bankar 1. 24. Was disease or injury in eny way related to occupetion of deceased? 200 (Address) Westmington M. (Signed) (Signed) M. D.	18. BURIAL, CREMATION, OR REMOVAL	
20. FILEO CHESA 19 3 7 Million And (Signed) M. C. Jennick M. D.	A A - /	24. Was disease or injury in eny way related to occupetion of deceased?
Registrar. (Address)	20. FILEO. 0/21/, 19J. 7. 1/(lwood hom	(Signed) M. C. Schmitt, M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5; 1927	Peritonitis	3 days ago
BUREAU V. S.	74		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 6480
1. PLACE OF DEATH	925)
Count Carroll	Registration Dist. No. 74
Village or City State B.	N- w t
Village or City Collin Planch (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME beetle Howard Tyr	el If U. S. Veteran, specify WAR
(a) Residence: No Trouth Beauth (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH (5, 193.)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE plice 2. Lyuch	May 2, 1987, to Fine (5, 198)
6. DATE OF BIRTH (month, day, and year) 22 24 1877	Hast say Man. alive on Jan 1932: death is said
7. AGE Years Months Days If LESS than	to have occurred on the det stated above, a 3 20 cm.
60 2 2/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset
9. Industry or husiness in which	My rearacus CM,
O. A. Work was done as CILK MILL TO	
SAW MILL, BANK, etc	
year) Occupation A. O	Other Carbellator Course of Importance
12. BIRTHPLACE (city or town) Freedersch	Other Contributory Causes of Importance:
(State or country)	Cormany oclisions
13. NAME Isself Lyuch	
13. NAME TO THE LANGE (CITY OF TOWN)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an eutopsy2220
IS. MAIDEN NAME Device	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country) /a	Where did Injury occur?
17. INFORMANT MARS 1 A Lygch (Address) Latter and the second seco	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF BEMOVAL	Manner of injury
Place Id Valoud Cuy-Date 6 /12 / 1937	Neture of injury
C Harring	
19. UNDERTAKER (Address)	24. Was disease of injury in any way related to occupation of deceased?
Variable 12 Call Name	(Signed) He E Marley M.D.
20, FILED Registrar.	(Address Augustallettern M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-3	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neghnitic 0 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

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an	Jo
	item

FOR BINDING

AARGIN RESERVED

PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City westernister	No. 296 S. Marel Tr. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
3-	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME aler zuma, Me.	Clause If U. S. Veteran, specify WAR
a dige U. a.	St. Ward.
(a) Residence: No. 2 9 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND or	
(or) WIFE of Philes Mr. Carry	22. THEREBY CERTIFY, That I attended deceased from
	Hast saw here alive on June 5 1977; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 1:90 P. m.
7. AGE Years Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
and ormin.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Cooks & Musich SAWYER, BOOKKEPER, etc.	(Ferresconder)
9 Industry or business in which	Conchas Henorales June 2
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this 4)	
year) occupetion occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Madage / March	
(State or country)	
13. NAME alexander Southers	
13. NAME Alexander Sanders 14. BIRTHPLACE (city or town) Carnolf Co. Med	Name of operation Date of
(Stete of country)	Whet test confirmed diagnosis? Was there an autopsy? Mac
15. MAIDEN NAME Weich Freder	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Curroll Co	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marie Me. Claus (Address) Washington	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ellowolls Date Hull 1937	Nature of injury
sole E. Wines I.	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Lores Les Les Lands	If so specify
11/1-37 8/11/2	(Signed) Cliffleng Blackery D.
20. FILED , 19 Registrar.	(Address) Plante Lale M.V.

If more blanks are needed, address State Registrar, \$411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	4 3 6 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage IIII & 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state ord. Every item of inforstated EXACTLY. UNFADING INK-THIS mation should be carefully supplied. AGE should be N. B.-WRITE PLA

FOR

MARGIN RESERVED

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		50
County Dassoll	••••	Registration Dist. No.
Village or City Reese		No. //St.,
The second and the second sure of second second second	1.00	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos
2/	1. 1.00	
2) FULL NAME (d)Ma	JUSUNA IJAUL	If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L. PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word)	21. DATE OF DEATH (Month) (Day) (193
5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of	milles	22. I HEREBY CERTIFY, That I attended deceas
6. DATE OF BIRTH (month, day, and year)	1- 1895	I last saw here alive on June 44 ,1937; death
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, etm.
41 60	3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	> /	Curcinoma 9 Burst a
SAWYER, BOOKKEEPER, etc.	usunife	· · · · · · · · · · · · · · · · · · ·
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		
10 Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12 DIDTUDI ACT (situat tours)		Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)		or au
II 13. NAME Morris Gre	ene	
13. NAME Marris 3.1 14. BIRTHPLACE (city or town)	A	Name of operation Pure 148 Date of
(State of Country)		What tast confirmed diagnosis? Open Was there an eutopsy
15. MAIDEN NAME Clair bece	lea Herrenson	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	f	Accident, suicide, or homicide? Date of Injury, 1
State or country)	?	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	<i>\}</i>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL	m. /	Menner of Injury
Place Sandymount	nte kunt 2,137	Nature of Injury
19 UNDERTAKER HBankard X	Som	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wastminster	md.	liso, specify
20. FILED 6/5 1937	Curon	(Signed) C. F. Bullingalen
	Registrar.	(Address) (L. L. L

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

6483

1. PLACE OF DEATH			(B) (BA)	
county Carroll			Registration Dist, No.	74
Village or City Sykesville,	1 1		ND. Springfield State Horndal St., death occurred in a hospital or institution, give its NAME instead of street and n	
0 . 0	death occurred	yrsmos	7ds. How long in U.S.If of foreign birth?yrsmo	sds.
(a) Residence: No. 85% - E.S	rott St-1	Salt. Md -	St., Ward. If u. S. Veteran, specify WAR	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Jale
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	, 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 52 7	Days 28	If LESS than 1 day,hrs. ormin.	I last saw h.m alive on	; death is said
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	None 11. Total ti	me (years) t in this pation	Chronic Alcoholism Cerebral Delemae Neghro Scherosia Dither Contributory Causes of Importance:	6-22-37
12. BIRTHPLACE (city or town) William (State or country) Manual 13. NAME Country 14. BIRTHPLACE (city or town) William 14. BIRTHPLACE (city or town) William 15.	nd K		Clistic My ocarditis and My ocardial Regeneration Date of	
(State of country)	fland		What test confirmed diagnosis? Was there an a	1
15. MAIDEN NAME Honers St. 16. BIRTHPLACE (city or town) - Usaka (State or country) 17. INFORMANT - Hospital Rec (Address) Sulla sales	roun fand		23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?	,19
18. BURIAL, CREMATION, OR REMOVAL Place Maund Carne	l Date Juste	12 ,1937	Manner of injury	
19. UNDERTAKER Lelly & Le (Address) 403 S. We 20. FILED June 29, 1937 C	ye It	Her	24. Was disease or injury in any way related to occupation of deceased?	

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signad)

(Addrass)

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Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
JUL - JUL - V. 5.	7/		
Other contributory causes of importances	A COMPANY	Other contributory causes of importance:	1,
Gallstones	May 1,1923	Gastroenteritis	1 year

instructions

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rion is

WRITE

V. S. No.

should of

1. PLACE O				CERTIFICATE OF DEATH Derculosis Sanatorium	485
				ored Branch 28 Registration Dist. No. 74	
Village or C	tity Henryton,	Maryla	nd	No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and nu 13 ds. How long In U.S. if of foreign birth?	Ward
2. FULL NA	ME Gertrude	Oden		If U. S. Veteran, specify WARNone	
(a) Residen	ce: No. Croom St	ation. (Usual place	Prince Ge	20 \$5 CO . Waddd . If nonresident give city or town and S	itate
	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. color or RACE Colored		RIED, WIDOWED. O (write the word) 1 ed	21. DATE OF DEATH June 7 (Month) (Day)	193. 7 (Year)
5a. If marriad, widow HUSBAND of (or) WIFE of		mes Ode	n	22. I HEREBY CERTIFY, That I attended do May 25 1937 to June 7	ecaased from
6. DATE OF BIRTH	(month, day, and year)	ecember	31, 189	I last saw her aliva on June 7 19 37.	death is said
	Months	Days 7	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 9.45 mP. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profa	ssion, or particular	Housewi		Pulmonary tuberculosis	Date of onset
Mork wa	business in which	At home			Sept
0	ed last worked at	11. Total ti	ma (vears)		1936

this occupation (month and spent in this Unknow Unknown Washington 12. BIRTHPLACE (city or town). District of Columbia (State or country) George Davis FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country) MOTHER Julia Brown 15. MAIDEN NAME Accident, suicide, or homicide 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? Nature of injury 19. UNDERTAKE (Address) If so, specify Local Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4 4		

County Council .	Registration Dist. No. 8 3
Village or City Wood fine md.	No. St., War feeath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Ollie Voiter	
(a) Residence: No. Providence (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH / 3 (Month) / 3 (Year)
HUSBAND of (or) WHEE A. Mamie Porter.	22. I HEREBY CERTIFY, That I attended deceased fro
1	10 19 19 19 19 19 19 19 19 19 19 19 19 19
DATE OF BIRTH (month, day, and year) (spil 21 18 92) AGE Years Months Days If LESS than	I last saw h alive on, 19; death is sai
45 1 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade o ofession or particular	were as follows: Accidental drowning Date of ones
Trade, p ofession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. SAWYER, BODKKEEPER, etc.	There was no boot involved cever
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	Decared apparently walked off a 25-foot
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and	bridge, without any railing, to escape a
this occupation (month and 12/39 spent in this occupation 30	- sight freight trains
DIRECTION AND CONTRACT CA.	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Alaman Co. (State or country)	
13. NAME Frank Corter. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME / Latie the Crown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, evicide, or homicide? affire Late of Injury 6/13, 1937
(State or country) Thd.	Where did injury occur? M. Hoodblin, course co
(Address) Marchine mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, GREMATION, OR REMOVAL	Menner of injury
Place oplan smuyo lengthine June 16, 1037	Nature of injury
9. UNDERTAKER Le: M. Waltz	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wentell md	If so, specificherman 2 flanger Corn
O. FILED JULY 15-, 1987 Educa M Klowitt	(Signed) Mestamente M.
Registra	(Address)

PHYSICIANS should state JRD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT IS

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

V. S. No. 1

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	/ 1 year	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN		

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEA				920	
	County Carrol	.1			Registration Dist. No.	
	Village or City Ur.		idge			ard
	Length of residence in c	ity or town whare	death occurred	(1) mosyrsmos	ND. St., W. If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos	.ds.
2	. FULL NAME JE	mes M.H	Repp		If U. S. Veteran, specify WAR	
	(a) Residence: No	Uni	on Brid	of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLO	or or race White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 6 /7 , 193.7	
5a.	If marriad, widowed, or dive	orced			(Month) (Day) (Year)	
	HUSBAND of E MAY	Repp			22. HEREBY CERTIFY, That I attended daceased f	1
6.	DATE OF BIRTH (month, da	v. and year	.30,185	5		/-
7.	AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at39m.	
1	82	2	16	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and raiated causas of importanca were as follows:	
z	8. Trada, profession, or p kind of work done, SAWYER, BDDKKE	articular	Patinad			301
T10			Farm	a 24	arleur deleron	
UPA	Nork was dona, as: SAW MILL, BANK,	SILK MILL.	F &I III	61		
OCCUPATION	1D. Data deceased last wo this occupation (mo year)	rked at onth and	spe	ima (yaars) nt In this upation		
12	BIRTHPLACE (city or town)	Md			Other Centributary Causes of Importance:	
10.	(State or country)				Stenosis Valvalor	
ER	13. NAME Samuel	Repp				
FATHER	14. BIRTHPLACE (city or to	Md (nwo			Neme of operation Dete of	
-	(Stata or country)				What test confirmed diagnosis? Wes there an eutopsy?	
HER	15. MAIDEN NAMENAT	y Saylo	r		23. If death was due to extarnal causes (VIOL ENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (city or to (Stata or country)	own)	Md.	·	Accident, suicide, or homicide?	
17.	INFORMANT John (Addrass)	S.Repp Union B	ridre.M	đ.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
	BURIAL, CREMATION, OR I	REMDVAL			Manner of Injury	
	Ripe Cree	k	Dete June	19 19 37	Nature of injury	
19	UNDERTAKER C.O.	FUSS &	SON		24. Was diseesa or injury in any way ralated to occupation of deceased?	
		neytown	.Md.	\sim	If so, specify	
20.	FILED 6/19.	1937	Jeslo a	Registrati.	(Signed) O. N. L.	1. D.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		I My WITH	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1488
County Cursoll	Registration Dist. No. 24	1
Village of Gity See Beswelle	No Soland Guld State Fork St., death occurred in a hordital or institution, give its NAME instead of street and nu	Ward
2. FULL NAME Mary Richard	If U. S. Veteran specify WAR	
(a) Residence: No. 1639 (M. Wolfe Street (Usual place of abode)	St., Ward. Balternore City of pown and S	mel.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married.	21. DATE OF DEATH JUNE 124 (Month) (Day)	193 . (Year)
5a. If married, widowed, or divorced HUSDAND OF William Charles Richards	22. HEREBY CERTIFY, Thet I attended do NOV. 25, 19.35, to June 14	eceased from
6. DATE OF BIRTH (month, dey, and yeer) 1893 - exact dell unput		; deeth is said
7. AGE Years Months Days If LESS then I dey,hrs.	to have occurred on the dete stated above, et 3:30 A.m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	
8. Trede profession or perticular	Dionchopneumonia	6-8-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and		
10. Date deceesed last worked at this occupation (month and work) 11. Total time (yeers) spent in this occupation occupation	Other Cantributery Causes of importance:	
12. BIRTHPLACE (city or town) Justumor City (Stete or country) May Sand	Dementia Praecon-paranord	5 year
13. NAME anton bomistels	77	
14. BIRTHPLACE (city or town) Jensey 14. BIRTHPLACE (city or town)	Neme of operation Dete of Whet test confirmed diagnosis? Was there en au	ner-
15. MAIDEN NAME ONNA Junillerum	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Accident, sulcide, or homicide? Dete of injury	
17. INFORMANT HOSPillel Records:	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Output Description of the property of the	
18. BURIAL, CREMATION, OR REMOVE	Menner of Injury	
Plece Le cette de June 7,1937	Neture of Injury	
19. UNDERTAKED THE SUSCEPHIA (Address) 13 44 South	24. Wes disease or injury in any wey related to occupation of deceased? If so, specify	
20. FILED June 14, 1957 CHarry Will	(Signed) M. Vingmia Beyer (Address) Dukerrile W	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ata of annual	m		
The principal cause of death and related causes Date of onset of importance were as follows:			
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
uly 5,1927	Peritonitis	3 days ago	
		ψ* 25 ₀	
	Other contributors causes of importance.		
lay 1,1923	Gastroenteritis 490	1 year	
	D /		
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance. Gay 1,1923 Gastroenteritis	

5	IAIEO	r MAR	YLAND-	CERTIFICATE	OF DEATH	1
1. PLACE OF DEAT	11			82-6)	76
County Dano				Registration Dist.	No.	
			No. death occurred in a hospital or in			
Length of residence in city	y or town where d	eath occurred	Oyrsmos	ds. How long in U.S.	. if of forelgn birth?	_yrsds
2. FULL NAME / 6	rry II	ickle.		If U. S. Veter	an, specify WAR	
(a) Residence: No	6-6	much		St., Ward.		
DEDCOMAL AND		(Usual place		MEDICAL	CERTIFICATE OF	city or town and State
PERSONAL ANI						DEATH
F 2. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	June ;	7 7 (Oay) (Year)
5a. If married, widowed, or divor HUSBANO of	h · 1 0			22. I HERE	V CEPTIEV 1	That i attended deceased from
(or) WIFE of John ?.	precisie			June 12"	137 to Ju	me 28 1931
6. DATE OF BIRTH (month, day,	and year) In	ne 25_	161.8	last saw has alive on	June 28	1932 : death is sai
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date :	state above, at // 30/	_m.
79	-	_	1 day,hrs.	The PRINCIPAL CAUSE OF E	EATH and related causes of	
8. Trade, profession, or pa	rticular		VIIIIII.	Cerebral	Thrombos	gate of onse
kind of work done, a SAWYER, BOOKKEER	PER, etc	1 com				023-1
9. Industry or business in work was done, as S SAW MILL, BANK, et 10. Date deceased last world	ILK MILL,					
10. Date deceased last worl this occupation (mon year)	th and	spei	me (years) nt in this upation			
12. BIRTHPLACE (city or town)_	0			Other Contributory Causes of	Importance:	aly
(State or country)	and.				and comme	1094
13. NAME Samu	ul H	armo	1			ago
13. NAME Samuel 14. BIRTHPLACE (city or town	wn)			Name of operation	-D	Date of
(State or country)	ma	<u> </u>			churcal	_ Was there an autopsy?_
15. MAIDEN NAME	rahi	tisher		23. if death was due to externa	l causes (VIOLENCE) fili in a	ilso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or too	νπ)Ω	- d		Accident, suicide, or homicide	Date	of injury, 19
(State or country)	mo	(Where did injury occur?	(6. 7	
17. INFORMANTUR & Ba (Address) W to In	n Canon	ld md.		Specify whether injury occur	(Specify city or town of in INDUSTRY, in HOME,	or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR RI		,1	0	Manner of injury		
Place I forme	minte.	Date Hus	4 1 , 1937	Nature of injury		
19. UNDERTAKER HBan	Mard X	som		24. Was disease or injury in a	ny way related to occupation	of deceased?
(Address) Wystn		and.	\ //	If so, specify		
10 FUEL (0/3)	77 7	Morro	mark	(Signed)	Belling	alea M.
20. FILEO	J		Registrat	(Address)	Vertruel	ulle hed

V. S. No. 1

AD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT I

AGE should be

mation should be carefully supplied.

WRITE PLAMLY,

ż

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

IS A PERMITS SHARE Stated EXACTLY, PHYSICIAMS SMALL Stated Exact statement of OCCUPA-

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Example I		Example II		
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Chronic interstitial nephritis C	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	_1 year	

	County C	more .			Registration	+ 0
	Village or City_	0	<u> </u>		death occurred in a posital or institution, give its NAMI	
1		e In city or town where	daath occurred	/yrsmos		yrsmos
2	(a) Residence:	1	(Usual place	inst w	If U. S. Veteran, specify WAR	give city or town and State
	PERSONAL	AND STATIST			MEDICAL CERTIFICATE	
3.	SEX 4.	COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	3 , 193.7 (Yeer)
5e.	If marriad, widowed,	or divorced	Jung	~	(gonal)	
	HUSBAND of (or) WIFE of				February (3 1936 to	
e	DATE OF BIRTH (mor	th day and year)	11111	T1866	I last saw h & elive on June 3	19.3.7.; daeth is
_	AGE Yaars	Months	Deys	If LESS than	to have occurred on the dete stetad abova, et. 6 20	Pm.
	7/	31		l day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralatad caus ware as follows:	es of importance
2	8. Trede, profession kind of work	n, or particular done, es SPINNER,	mand		P 4 0 0 + ++	5/.
	9. Industry or busi	OKKEEPER, atc ness in which	Jakin habitana.		The terrous near	3/4/
OCCUPATION	SAW MILL, E			ma (years)	Left lateral sinus thro	mbosio 5/22/
_	year)	on (month and		ntin this Ipation	Other Contributory Causes of importance:	
12	. BIRTHPLACE (city or	town)			A 4	
~	(State or country	0	Vorginia		N reliosclerosio	prin to 191
FAIHER	13. NAME	aan. of	elliner	ruglo	Thronic myoundetie and myocardia	+ degeneration 1 2/13
LA	14. BIRTHPLACE (ci		Oleanna		What test confirmed diagnosis?	Date of
2	15. MAIDEN NAME	mary	anne	8_	23. If daath was dua to axtarnel causes (VIOLENCE) fi	
MOTHER	16. BIRTHPLACE (ci	y or town)			Accidant, suicide, or homicide?	
Σ	(State or con		Jerm	any	Whara did injury occur?	town, county and State)
17	. INFORMANT (Address)	al resorba	0	<i>O</i>	Specify whether injury occurred in INOUSTRY, in HO)ME, or in PUBLIC PLACE.
18	BURIAL, CREMATION	OR REMOVAL MA	L Date pre	7 ,19 37	Manner of injury	
19	UNDERTAKER (Address)	H. Fre	ter Si	n	24. Wes disaase or injury in any way ralated to occup	ation of deceased?
20	FILEO 4 - 3	,1937	CHarr	Elecel Registrar.	(Signed) Address) Springs in the second	10 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Exact statement of OCCUPA-A PERMANENT R stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. IS UNFADING INK-THIS AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLANKLY,

PHYSICIANS should state

AD. Every item of infor-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Frederick Co, md, on 1895, from which place she was him
thence on rest. 113. 1936, transferred to spring bravel state Hospital and
Superville, mil. Filed sender ! "Barr" 8/3/3 9/ A

V. S. No. 1

10	R	0	4
0	4	54	18
0	1	V	dh.

1. PLACE OF DEATH	121
County Loansol	Registration Dist. No. 75
Village or City melsose	NoSt.,Ward
Length of residence In city or town where death occurred 2 yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME George W. Land	a la company de
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of Cleceused	
(Of HITE of amil & Sandruck	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 15 1862	I last saw harmon alive on Quarter 1/ ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 Pm.
74 7 6 1day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Blacksmith	Nemellique that 1931
Olndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	V 0
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	arteriocelerous
(State or country) Maryland	- Chr, Interstitial nephroly
13. NAME Neholas Sandruch 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Date of
7	What test confirmed diagnosis? Wyg GK and Wes there an au'opsy?
	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Gharles W. Landryck	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Manchester and 18. BURIAL, CREMATION, DR REMOVAL	
Place Manchester My Dete 6-23, 193	Manner of injury
19. UNDERTAKER Jacob White's Saus	24. Was disease or injury in eny way related to occupation of deceased?
1	If so, specify (Signed) (1) R A D R a see A A
20. FILED JULY V. 1937 Mrs. H. G. J. Demer Registrar.	(Signed) W 1 1) Wenter M. D. (Address) Wandlester M. D.
If more blanks are needed, address State Registro	17, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I	=1	Example II	59 51
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis a 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jul 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIAMS successified. Exact statement of OCCUPAokD. Every item of infor-LWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied.

1. PLACE OF DEA	TH O			
County County	wolf.	·		Registration Dist. No./6
Village or City		ummin)	,	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	L cown where	death occurred	- yrs mos	
2. FULL NAME	rang a	12,00	My	If U. S. Veteran, specify WAR
(a) Residence: No	m 175	PULLUS (Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLO	OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or div HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY. That I attended deceased from
S. DATE OF BIRTH (month, da	ay, and yeer)	1/2y - 4	- 1853	I last saw h Ar alive on 19 37 death is said
. AGE Years	Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm. (9/437
87	/	6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importange were as follows:
8. Trade, profession, or particular to the state of the s		none		arteno feleraxis 2
kind of work done SAWYER, BOOKKE 9. Ladustry or business work was done, as SAW MILL, BANK, 10. Date deceased last w	SILK MILL, etc			(Probably Coronary 6/18
10. Date deceased last we this occupation (myear)	onth and	spe	ime (years) nt In this upation	Imombos 1/3
2. BIRTHPLACE (city or town (State or country)	suys	te Cu)_ L	Other Contributory Causes of importance:
13. NAME	ford.	Seule	>	
14. BIRTHPLACE (city or to (State or country)	own)	1:		Name of operation Dete of What test confirmed diagnosis? Details Was there an autopsy
15. MAIDEN NAME	arah.	Caller	el	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME	oun)			Accident, suicide, or homicide?
(State or country)	0411)	a.		Where did injury occur?
7. INFORMANT ASSULTS	Seti	Le Care	the mit	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
8. BURIAL, CREMATION OR	REMOVAL	1	Ju- Trees	Manner of injury
Plece Portar	& bamily	7 Date from	12,1937	- Nature of injury
9. UNDERTAKER	weard	How	n A.	24. Was disease or injury in eny wey related to occupetion of deceased?
20. FILED.	19.27 X	440	A Hun Registrar.	(Signed) (Address) (Address)
			Aegistrar.	(Mulicoo)

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Chronic interstitial nephritis JUL 0 1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
BORG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		- (920) TV	
County Carrell		Registration Dist. No	24
Village or City Lynn		No Sering feels State Vice	Resalward
Length of residence in city or town where	death occurred / vrs 3 m	If death occurred in a hostital or institution, give its NAME instead of streets. ds. How long In U.S. if of foreign birth?yrs	ft and number) .
1-1			
2. FULL NAME (a) Residence: No. 2	1/2 Oakingle	St., Ward. Saltruare	MI
	(Usual place of abode)	If nonresident give city or tow	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEA	гн
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 7
5a. If married, widowed, or divorced	1	(Month) (Dey)	(Teer)
(or) WIFE of Clecheson	1 Sleubaker	22 1 HERESTY CERTIFY That I att	ended decreased from
6. DATE OF BIRTH (month, dey, end year)	about 1859	I last saw h. L. alive on Justice J. 6	37; death is said
3. AGE Years Months	Days If LESS then	to heve occurred on the date stated above, et	
age 78'	1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importence were esfollows:	Date of onset
8. Trede, profession, or perticuler kind of work done, as SPINNER,	,		Pate of onser
SAWYER, BOOKKEEPER, etc.	Mone	Celeriasclerosis	Cluku
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	_		
10. Dete decessed last worked et this occupetion (month and yeer)	II. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town Salte	wore County	Other Contributory Causes of Importance:	
(State or country) Zila	ryland	Chronic Valorelas Near	Mules
13. NAME Mulenay	for an and a second	Alsean	
14. BIRTHPLACE (city or town)	ukuowa	Name of operation Dat	e of
1 (State of Country)	udenan	Whet test confirmed diegnosis? Wes the	re en autopsy?
15. MAIDEN NAME ALLEGUES 16. BIRTHPLACE (city or town) (State or country)	lon	23. If death was due to external causes (VIOL ENCE) fill in also the fo	Howing:
6 16. BIRTHPLACE (city or town)	Lukerocon	Accident, suicide, or homicide? Date of Injury_	, 19
(State or country)	lubuses as	Where did injury occur?	
17. INFORMANT Jar Betal (Address)	Records	(Specify city or town, county a Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBL	nd State) .IC PLACE,
18-BURIAL, CREMATION, OR REMOVAL	and I	Manner of injury	
Toppas Balls Go:	Dete 4111 10,1937	Manner of injury	
19. UNDERTAKER ALINOUS (Address) 36.15-17.6	altono	24. Was disease or injury in any way related to occupation of decess	ed?
1 0	Charita	(Signed) Mond M. Caes	M. D
20. FILED 4 - / 193/ •	UNICOURS COLUN		1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RIVE	
		July Ex	* 1
Other contributory causes of importance:	- AHVII	Other contributor oruses of importance:	
Gallstones	May 1,1923	Other contributor on ses of importance:	1 year
The state of the s			
		. 0	<u> </u>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Kequesting V. S. No. 1.

attended deceased from

BINDING

RESERVED

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes. The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gallstones Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1. PLACE OF	F DEATH			107-01		2/	
County	Zassoll				Registration	Dist. No. /	2
Village or C	77-	Thap		death occurred in a hospital or institu			
Length of resid	dence In city or town where	death occurred	yrsSmos	. Z icds. How long in U.S. if	of foreign birth?	yrs	.mosds.
2. FULL NAI	ME Sallin	um.	quere	If U. S. Veteran,	specify WAR		
(a) Residen	ce: No	(Usual place o	£ -bd-3	St., Ward.	If nonresident	give city or town a	nd State
PERSON	AL AND STATIST			MEDICAL C	ERTIFICATE		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	6-	9-	. 193 7
5a. If married, widow	100100ed	Sen	gle		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	ed, or divorced			22. 6 - 1 HEREB	Y CERTIF	Y. That I attend	ed deceased from
6. DATE OF BIRTH ((month, day, end year)	8-1511	-1936	I last saw h elive on	6-	7 - ,193	Z; death is said
7. AGE Yea	1	Days 28	If LESS than 1 day,hrs.	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA		2: m. es of importance	
_ 8. Trade, profes	ssion, or particular		ormin.	were as follows:		District Street	Date of onset
SAWYER, 9. Industry or work was	vork done, as SPINNER, BOOKKEEPER, etc	none		Brown p	~~~~~	~	6-6-3
9. Industry or work was	business in which s done, as S?LK MILL, L, BANK, etc			The broncha prono	moriia/ wa	a frimary	2
10. Data decease	ed last worked at pation (month and	11. Total tir	me (years) t in this	There was no seso			
year)		[0000]	pation	Other Contributory Causes of Imp	oortance:		
12. BIRTHPLACE (cit							
1	& Lives	10	: 0				
Ī	coman	- Jan	wy	Name of operation			
14. BIRTHPLACE (State or		nd.		What test confirmed diagnosis?			24
15. MAIDEN NA	ME Bestha	Bon	man	23. If death was due to external ce			
15. MAIDEN NA H 16. BIRTHPLACE	(city or town)	2		Accident, suicide, or homicide?			
₹ (State or	country)	M.		Where did injury occur?	71		
17. INFORMANT (Address)	dw. Dig	signe!	met.	Specify whether injury occurred	INDUSTRY, In He	r town, county and S OME, or In PUBLIC	PLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL	Pens o		Manner of injury		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Place	an ingra D	Date Jun	1937	Nature of Injury			
19. UNDERTAKER	Bankara	Aver-		24. Was disease or injury in any	way related to occup	pation of deceased?.	none
(Address)	estminst	os and	-0	If so, specify	P	77.0	
20. FILED /10	137 C	Rotor	re	(Signed)	11/1/2	mu	Z. / M. D
,	100	O KAR	Registrar.	(Address)	Harry	more,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

60	11	0	0	
6	4	34	()	
10	die	-	. /	

1. PLACE OF DEATH	(19)
County Carroll	Registration Dist. No. / 6
Village or City agg Summit	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmore	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert Certhur Stem	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	<u> </u>
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Which 11 - 1937	I laty saw h. Lan alive on G
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atSP_a_m.
2 } Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	00.000
SAWYER, BOOKKEEPER, etc	Exercise 16-16-3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
And the	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
0.100	
H ^	
(State of Louinty)	What test confirmed diagnosis?
15. MAIDEN NAME Stella M. Distins 16. BIRTHPLACE (city or town) (State or coupling)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country) W. Va.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Willard Item (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place aylowill (Date June 21, 193)	Nature of injury
19 UNDERTAKER Albankard Ison	24. Was disease of injury (n) and wey related to occupation of deceased?
(Address) Westminston Mid.	If so, specify The South of the specific of th
120 37 H Cliedes	(Signed) A. D.
20. FILED Registrar.	(Address) 12 Quillente the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SECEIVE	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

should state Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1			F DEA		Maryla	nd Tuber	culosis Santorium d Branch		
199				rroll			Registration Dist. No	4	
	Villa	age or C	ityF	Ienryton	n, Maryl	and	No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward	
						yrsLmos		sds.	
2	. FUL	L NA	ME]	Louise V	Virginia	Taylor	If U. S. Veteran, specify WAR None		
	(a)	Residen	ce: No	Paradis	Se Ave. (Usual place	Catonsv	ilke, Balwrimore Co., Md. If nonresident give city or town and	State	
anticio		District on State of			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH		
	Fem	ale		or or race		RIED, WIDOWED. (write the word) 1 e	21. DATE OF DEATH June 8 (Month) (Day)	193.7 (Year)	
5a.	if marrie	ed, widow	ed, or div	orced					
	(OT) W	IFE of			De gra.		22. I HEREBY CERTIFY, That I attended of April 14 ,19 37, to June 8		
	-			T) a a wall a wa	97 1016	T 0		
_	OATE OF	BIRTH		y, and year)	Days	23, 1912	to have occurred on the date stated above, at 11.00m. A. M.	; death is said	
4. 7	, di					1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence		
_	9 T	2		5	16	ormin.	were as follows:	Date of onset	
NO	0. 110	8. Trede, profession; or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic				ic	Pulmonary Tuberculosis		
OCCUPATION	Ind	Hetry Or	hueinage I	n which			, , , , , , , , , , , , , , , , , , ,	July	
9	6	SAW MII	L, BANK,	SILK MILL, etc	Unknow	1		1936	
00	10. Dat	e deceas	ed last wo	orked at conth and Unkn	11. Total ti	me (years) It in this Unkno		- A.V.V.Q.	
	0	year)		OHAL	TO AA 11 OCCU	pation_UIIKIIC	Other Contributory Causes of Importance:		
12.				Catons	ville				
ا بد		te or cou	ntry)	Maryla		_			
FATHER	13. NA	ME			y A. Tay	lor			
AT			(çity or t		nsville		Neme of operation Date of		
_!		(State or	country)		land		What test confirmed diagnosis? Was there en er	utopsy?N.C	
HER	15. MA	IDEN NA	ME		a L. Fu	ller	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:		
6	16. BIR	THPLACE	(city or t	OWII)	nsville		Accident, suicide, or homicide? Date of injury	, 19	
Σ		(State or	country)	Mary	Land		Where did injury occur? (Specify city or town, county and State		
17.	INFORM (Ad	ANT_R dress) H	eube	n Hoffm	an W. I).	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ČE.	
18.	BURIAL, Plec		ION OR		m Date 6/11	/ ,1927	Menner of Injury		
19.	UNDERT	TAKER -	ras	W. Rid	Hems	ey	24. Was disease or injury in any way releted to occupation of deceased? N	0	
20.	FILED.	6/8	/37	19 Albert	t RSu	a Seka	(Signed) / Cuber Hoffman, (Address) Henryton / Maryland.	M. D	

V. S. No. 1

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis RECEIVE	2 days ago
			D
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance. 1937 Gastroenteritis BUREAU V.	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLA

FOR BINDING

MARGIN RESERVED

SIAIL OI	MIMIX	ILAND	CERTIFICATE OF DEATH	700	
1. PLACE OF DEATH County Carroll			820	,	
			Registration Dist. No.	<i>t</i>	
Village or City Sykesville) (If	No. Springfield State Hospital death occurred in a horpital or institution, give its NAME instead of street and no ds. How long in U.S. If of foreign birth?		
2. FULL NAME James Wrig (a) Residence: No. Oldtown,	ht The Mary	land.	St., Ward. If nonresident give city or town and S	State	
PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. Male White 1	SINGLE, MARI OR DIVORCEI APPI CO	RIED, WIDOWED,	21. DATE OF DEATH June 26, 1937. (Month) (Day)	193 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chaffie Bur	rton		22. May 25th 19 37 to June 25th	laceasad from	
6. DATE OF BIRTH (month, day, and year) Apri	11 11,	1867	Hast saw him alive on June 25, 19 37	; death is said	
7. AGE Years Months 70 2	Days 14	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et6.:45_m2. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
S. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	rmer		Cerebral Hemorrhage	6/24,	
S. Irada, profession, or particular kind of work done, as SPINNER, Fall SAWYER, BOOKKEEPER, etc		me (years) It in this —— pation	Other Contributory Causes of Importance;		
12. BIRTHPLACE (city or town) Pennsyly (State or country)	vania		Generalized arteriosclerosis	?	
13. NAME Abraham Thomas					
14. BIRTHPLACE (city or town) Pennsy	lvania		Nama of operation None Date of What test confirmed diagnosis? Phys. Exam. Was there an at	utopsy?N	
15. MAIDEN NAME <u>Flizabeth</u> 16. BIRTHPLACE (city or town) Pennsy (State or country)	rlvani	a	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19	
17. INFORMANT Hospital Reco	ords	•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION OR REMOVAL Place CALLERY MAC	Date June	-29 1937	Manner of injury		
19. UNDERTAKEN TO CALL THE CANDELLAND	y Dy	geo	24. Was disaasa or injury in any way related to occupation of deceased?		
20. FILED 6- 26 , 1937 CAVE	erry !	ween	(Signed) A A assign	/ M. D	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I	Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAF 3 1834	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	PHOTAU V.	July 5, 1927	Peritonitis	3 days ago
				5.34
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

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Pa	1	4.3	1	
U	T	U	V	

	1. PLAC	E OF DEAT	TH C	Mary		erculosis Sanatorium	100
County Carroll Color						red Branch 23 Registration Dist. No. 74	
Village or City Henryton						(aharra)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		eath occurred_	yrs 2 mos	No. St., death occurred in a horpital or institution, give its NAME instead of street and not also the street and not also th	Ward umber) sds.
·	2. FULL	NAME JO	seph He	nry To	les, Jr.	If U. S. Veteran, specify WARNone	
	(a) Re	sidence: No. 🕽	L45 N. H	igh St (Usualplace		ORSt, Md. Ward. If nonresident give city or town and the state of the	State
	PERS	SONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	sex Male	11 11 11 11 11 11	r or race		RIED, WIDOWED, D (write the word) Le	21. DATE OF DEATH June 29, (Month) (Day)	193. ⁷
5a	. If married, HUSBAND	widowed, or divo	rced				
	(or) WIFE	of				April 8, 136 to June 29,	leceased from
6	DATE OF R	RTH (month, day	y and year) Ju	ly 4.	L905		; death is said
-	AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6.00 P. M.	,
		31	11	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade,	8. Trade, profession, or particular kind of work done, es SPINNER, Laborer SAWYER, BOOKKEFPER, etc.				Pulmonary Tuberculosis	Date of onset
PATION	9. Industr	ustry or business in which					April
	SA'	W MILL, BANK, e	etc	Unknov			1935
220	thi:	eceased last works occupation (modern)	nth and Unkn	Won spe	ime (years) ent in this Unkno	vm	
-	10 100	1)			upation	Other Contributory Causes of importance:	
12		CE (city or town)	Baltim Marvla				
œ	1	, country)		H. To	les. Sr.		
FATHER	14 DIDTU	01 ACC (-:AA-	Baltin		, , ,	Name of operation Date of	
FA	(St	ate or country)	Maryla	nd		What test confirmed diagnosis? Was there an at	ulonsy? No
HER	15. MAIDE	N NAME	Mary F	attersi	bn	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTE	16. BIRTHI	PLACE (city or to	wn)Baltin	ore		Accident, suicide, or homicide? Date of injury	, 19
Σ	(St	ate or country)	Maryla	nd		Where dld injury occur? (Specify city or town, county and State	
17. INFORMANT Reuben Hoffman, M. D. (Address) Henryton, Maryland				D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.	
18	BURIAL, CR	emation, or r	rudge	Date 6 / 3	3 0 ,1937	Manner of injury	
19	. UNDERTAK	Trans	en al	Legg	ley	24. Was dicease or injury in any way related to occupation of deceased?	No
20	FILED 6	/29/37	19 Albe	it R. A	wanklau	If so, specify (Signed) Leabers Affina	лМ. D.
1			De	puty Le	OCal Registrar.	(Address) Henryton, Matyland	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arter	1915	Attack of epilepsy	1 week ago
Chronic dial nephritis 1: All	1921	Run over by street car	1 week ago
Cerebra Lemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Carryll	Registration Dist. No. 76
Village or City Westmuster	No. Charles St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrsmos	
2. FULL NAME adam Alexander	Www. If U. S. Veteran, specify WAR
(a) Residence: No. Charles	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Colored Widowid	21. DATE OF DEATH (2 /- 193 ((ear))
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maggie Urvin	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 7 _ 1880	I last saw h alive on 6-21-, 1937; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
56 6 14 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, day laborer SAWYER, BOOKKEEPER, etc.	Mysea Lilio (Chr.)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Thestown (chi)
10. Date deceased last worked at this occupation (month and /4). 11. Total time (years) spant in this 40 occupation	
12. BIRTHPLACE (city or town) New Windson	Other Contributory Causes of importance:
(State or coupty) Carrill Cv.	
13. NAME James Www.	
13. NAME James Urveu 14. BIRTHPLACE (city or town) Carrolf Cr.	Name of operation Oate of
(Swite of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Carroll Co.	Accident, suicide, or homicide? Oate of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 2000 Charles St.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Western Chapel Oats June 24, 1937	Manner of InjuryNature of Injury
19. UNOERTAKER John E. Mujero A. (Address) 13. wellin 21. Westerminter	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/23, 1937 & Common Registrar/	(Signed) C C M. O. (Address) M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	Date of onset	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	S Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	July 5,1927 Perilonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County

Registration Dist. No.

How long in U, S, if of foreign birth?______yrs._____mos._____ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred-

If U. S. Veteran, specify WAR

2. FULL NAME (a) Residence: No.

Village or City

(Usual place of abode)

HEREBY

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX

5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 21. DATE OF DEATH

(Month) (Oay)

MEDICAL CERTIFICATE OF DEATH

193. (Year)

Y That I attended deceased from

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Months

Days If LESS than 1 day-hrs. or min.

to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Date of onset

OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.

Trade, profession, or particular

10. Date deceased last worked at

this occupation (month and

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town (State or country)

13. NAME

14. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

OTHER 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19 UNOFRTAKER (Address)

Registrar.

Name of operation ...

Was there an autopsy?

23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______19_

Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any way retated to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I	1	Example II		
The principal cause of dead of importance were as followarteriosclerosis	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week	Date of onset 1 week ago	
Chronic interstitial nephritis	nu 9 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	301 0 344	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones	to the second se	May 1,1923	Gastroenteritis	1 year	
	2-5-1				

BINDING

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OF DEATH

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plnods

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH

Registration Dist. No.

Village or City Westmins Length of rasidence in city or town whera death occurred ____yrs__

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of loraign birth?_____yrs.____mos._

If U. S. Veteran, specify WAR.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a, 11 married, widowed, or divorcad HUSBAND of (or) WIFE of

County Carro

6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months

II LESS than Days 1.3 1 day, ----- hrs.

8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.....

10. Date daceased last worked at this occupation (month and

11. Total time (yaars) spent in this occupation ...

or min.

12. BIRTHPLACE (city or town). (State or country)

FATHER 13, NAME

19. UNDERTAKER

MOTHER

14. BIRTHPLACE (city or town

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR REMOVAL

20. FILED.

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH

to have occurred on the date stetal above, at The PRINCIPAL CAUSE OF DEATH and raletad causas of importanca

What test confirmed diagnosis?

23. II death was due to external causes (VIOL ENCE) fill In also the Iollowing:

Accident, suicide, or homicide Where did injury occur?____ (Specify city or town, county and State)

Specily whether injury occurred In MDUSTRY, in HOME, or in PUBLIC PLACE.

Neture of injury.

24. Was disease or injury in any way related to occupation of deceased? 11 so, spacily _

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 1991	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	N. B.—WRITE PLACEY, WILL UNFADING INK—THIS IS A PERMANENT I. T. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	1. P 2. F 3. SEX 5a. If m HU
MARGIN RESERVED FOR BINDING	S A PERMANENT IS, ated EXACTLY. roperly classified. Exrificate.	6. DATE 7. AGE
RESERVED F	G INK—THIS IS GE should be st hat it may be pr ns on back of cer	OCCUPATION SECTION
MARGIN B	The UNFADING	12. BIRT 13. 14. 14. 15. 16. 17. INFO
	WRITE PLACEY, WILL UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate.	12. BIRT 2 13. 14. 15. 16. 17. INFO 18. BUB 19. UNO
V. S. No. 1	N. B. L.	20. FILE

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(h)
County Carroll	Registration Dist. No.
Village or City Elean Valley	No. St. Ward
Λ-/	death occurred in a hospital or institution, give its NAME instead of street and number)
(1) 11 - 11	ds. How long In U.S. if of foralgn birth?yrsmosds
2. FULL NAME TOWN V and	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m widower	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBANO of	Market Market Company (1997)
(or) WIFE OI CEGULES J. Danies	22. I HEREBY CERTIFY, That I attended daceased from
DATE OF BIRTH (month, da), and year) Well 17, 1864	I last saw have alive on since 18 1907; death is salt
AGE Years Months Days If LESS than	to have occurred on the data stated above, at
72 // 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
. Trada, profession, or particular	Griffmuly (Certher) Oate of one of
kind of work done, as SPINNER KOLLY	
Industry or business in which work was done, as SILK MILLO	
ID. Data deceased last worked at / I1. Total time (years)	
this occupation (month and spent in this occupation occupation	
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or equintry)	
13. NAME TO MM . Wants	
14. BIRTYPLICE (city or town)	Nama of oparation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Oreneman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MURA BURA G. SHILLEWINDE	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sylapant Vally, md.	
18. BUBIAL CREMATION OR REMOVAL PLACE LAND AND ALLEY MAD Date Land 128 1937	Mannar of Injury
CASA 11	Nature of Injury
19. UNDERTAKEN OUTSON TOO	24. Was disaase or injury In any way related to occupation of daceasad?
(Addrass) Doney town ond.	If so, specify A hand V Unocat
20. FILEO June. 28th., 1937. Colored Registrar.	(Signed) Any Structure M. I
	2411 N. Charles Sveet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic intensitiel and Artic	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1931	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
Cerebral hemorrhage SURBAU V. S.			C
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

S. No. 1

OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch County Carroll Registration Dist. No. 74 Village or City Henryton, Maryland (above) ND. (BOOVE) St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) Langth of residence In city or town where death occurred vrs. 4 mos. 26 ds. How long In U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME James Wilkens Jr. If U. S. Veteran, specify WAR. (a) Residence: No. 114 Washington St., Cambridge, Made (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) male colored single Sa. If marriad, widowad, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended daceased from (or) WIFE of 1937 to June 10. 19 57 June 10. 1937 death is said 6. DATE OF BIRTH (month, dev. and vaer) February 25, 1917 to have occurred on the date stated above at 1:10 A.M. 7. AGE Years if LESS than Months Devs 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance 20 16 or min. Date of enset R. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BDDKKEEPER, etc. Tuberculosis OCCUPATION 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc..... March Unknown 1936 1D. Date decaesad lest worked at 11. Totel tima (yaars) this occupation (month 114) known spant in thinknown Golden Hill 12. BIRTHPLACE (city or town) ... Maryland (Stata or country) HER James Wilkins 13. NAME Unknown FAT Name of operation_. 14. BIRTHPLACE (city or town) Unknown (Stete or country) Was there an autopsy? NO What test confirmed diagnosis?____ MOTHER Annie Wilfred 15. MAIDEN NAME 23. If deeth was due to external causes (VIDLENCE) fill in also the following: Unknown Accidant, suicide, or homicida? Date of injury 19 16. BIRTHPLACE (city or town). Unknown (Stete or country) Where did injury occur?___ (Specify city or town, county and State) R. Hoffman, M.D. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE 17. INFORMANT __ Henryton, Maryland (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury 24. Wes disages or injury in any way related to occupation of deceased? Il so, spacify _____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	1	Example II	Date of onset	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
200000000000000000000000000000000000000	· · · · · ·			

STATE OF MARKIEMED	CERTIFICATE OF BEATIFF
1. PLACE OF DEATH	(93-3) A(1)
County Carroll	Registration Dist. No. 74
Village or City Sykesville, Maryland	No. Springfield State Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 20_yrs,ma	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry G. Williams	If U. S. Veteran, specify WAR
(a) Residence: No. 1741 Preston Street,	St., Ward.
Baltimore (U.Mary Parid. PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	June 26, 1937 193
Mal White Single 5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	Aug. 1 ,19 35,10 June 26 ,19 37
6. DATE OF BIRTH (month, day, and year) Feb. 11, 1878.	I last saw h. im. alive on. June 25th, 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _5:45_na . M .
59 4 14 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset
Range Profession, or particular Paper hanger	
kind of work done, as SPINNER, Paper nanger SAWYER, BOOKKEEPER, etc	Chronic Myocarditis 1934
kind of work done, as SPINNER, Paper hanger SAWYER, BOOKKEEPER, etc	
Date deceased last worked at 11. Total time (years)	
this occupation (month and year) Inknown- spent in this occupation Inknown-	ern
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:
(State or country)	Arteriosclerosis ?
Inknown John & Williams	
13. NAME Unknown 6 Williams 14. BIRTHPLACE (city or town) Unknown mary ?and	Name of operation None Date of
(State or country) Unknown	What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No
15. MAIDEN NAME Unknownamie Halin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Unknown 71(aryland	
(State or country) Unknown	Where did injury occur?
17. INFORMANT Hospital Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, ON BEMOVAL	Manner of injury
Place Carlaux Date June 29, 193	Nature of injury
19. UNDERTAKER LOURIAM Cook	24. Was diseese or injury in any way related to occupation of deceesed?
(Address) 12/7 SX Paul Street	If so, specify A. I.A.
20. FILED 6-26 1937 CHarry Eller	(Signed) M.D. M.D.
Registrar.	Spotsessing full of late bost

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of ampartance: Gastroenteritis	1 year	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN 1937	0)	

V. S. No. 1

of OCCUPA.

STATE	OF MARYLAND-CERTIFICATE OF DEATH	
	Maryland Tuberculogic Sanatorium	

6506

1. PLACE O		Maryla	and Tuber	d Branc		rium 60		
County	Carroll		OOTOLE	u Dranc		Registration Dis	t. No. 74	
Village or (city Henryton.	Maryla	nd	No	(above) <u> </u>	St.,	Ward
Length of res	sidence in city or town where d	leath occurred	O yrs. 7 mos	death occurred in 29 ds. H	n a hospital or instituti low long in U.S. if of	ion, give its NAME int foreign birth?	stead of street and i	number) osds.
2. FULL NA	ME William	Wright		1	f U. S. Veteran,	specify WAR	None	************
(a) Resider	nce: No. 1336 Arg			· , stMd ·	Ward.			
PERSON	NAL AND STATIST	(Usual place		1	MEDICAL CE	ERTIFICATE O	city or lown and	State
3. SEX	4. COLOR OR RACE		RRIED. WIDOWED.		OF DEATH	EKTIFICATE	PDEATH	
male	Colored		D (write the word)	Zi DATE		June 28	9,0	, 193 7
5a. If married, widow HUSBAND of							(Day)	(Year)
(or) WIFE of				22.	HEREBY	CERTIFY,	That I attended	deceased from
		L 05	2016			June 28,		
	(month, day, and year) OC1 ars Months	t. 25, Days	1916 If LESS than	to have occurre	ed on the data stated	ebove, at 6.00	A.M.	.; death is said
20		7	1 day,hrs.	The PRINCIPA	AL CAUSE OF DEATH	H and related causes o		
Trade profe	anian ay anakingkan	1 1	ormin.	were as follow	vs:	tubercu		Date of onset
SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc	Laborer			. william J	udoci va.	AUDAR	May
	business in which	7 3						1934
SAW MI	LL, BANK, etc.	Unknown						
this occi	sed last worked at upation (month and UTIK NOW)	spe	time (years) Int in this Upation UNKNOW	m		***************************************		-
	Do 1+		upation 9.4444344	Other Contribu	utery Causes of Impor	rtance:	410	
12. BIRTHPLACE (c (State or cou		imore, Land	4	<u> </u>	Dercuton	is enteri	LIS	-
1	Unkno							
13. NAME 14. BIRTHPLAC	E (city or town) Unknown			Name of opera	ation — —		Data of	
(State o	r country) Unkno							eutonsy? Yes
15. MAIDEN NA	AME Unkno	own				ses (VIOLENCE) fill in		
→ 1	E (city or town) Unkno	own				Dete		•
	r country) Unknown	own		Where did inju	ury occur?			
17. INFORMANT		offman, yton, M		Specify whether	er injury occurred in	(Specify city or tow INDUSTRY, In HOME,	n, county and Stat , or in PUBLIC PL	e) ACE.
(Address) 18. BURIAL, CREMA	TION OR REMOVAL		_	Monner of init	Jry			
Place Cu	tymodgl	Date 6 /	28 ,1937	Nature of inju				
19. UNOFRTAKER	marcei	a'lles	sley		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y related to occupation		No
(Address)	578 W BLO	alle.	50	If so, specify .	7.		A	
20. FILED 6/2	8/37 19 allein	to R Su	ankhaus	(Signed)_	Rec	bea 19	man	M. D.
	Depu	ty Loca.	Registrar.	(A	ddress) Hen	ryton, M	ryland	

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May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUP 1. PLACE OF DEATH should County Carroll Registration Dist. N Village or City Day, Md (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred 2 yrs. _____ds. How long in U.S. if of foreign birth? _____yrs. _____ds. statement SICIAN 2. FULL NAME Charles O. Yeadaker (a) Residence: No. R.D. Woodbine, Md. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Male White (Month) BINDING 5a. If merried, widowed, or divorced HUSBAND of Z. Yeadaker Nora I HEREBY CERTIFY, That I attended deceased from - 40 HIFE-0-June 1936 to June 16 6. DATE OF BIRTH (month, dey, end yeer) Dec. 23. 1872 7. AGE Months If LESS than to have occurred on the dete steted above et 5:45P m FOR Devs I dey.___hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence 23 64 5 or min. Date of onset 8. Trade, profession, or particuler OCCUPATION RESERVED kind of work done, es SPINNER, Retired SAWYER, BDDKKEEPER, etc. may back 9. Industry or business in which work wes done, es SILK M HL, & P. Telephone Co. 11. Totel time (years) spent in this 24 10. Date deceesed lest worked et this occupating (month 1933 that occupetion ___ Other Contributory Causes of Importance: Baltimore Co. 12. BIRTHPLACE (city or town). MARGIN (Stete or country) Md. Metastisis to pelvic bones 13. NAME Charles FATHER A. Yeadaker and spine 14. BIRTHPLACE (city or town) Baltimore City Neme of operation Partial removal plain (Stete or country) Md. efully Whet test confirmed diegnosis? IIicroscope. Wes there en autopsy? MOTHER 15. MAIDEN NAME Elizabeth Duvall in 23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following: Howard Co. OF DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Dete of injury______19____ (State or country) Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Mrs. Nora Z. Yeadaker Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnods (Address) R.D. Woodbine. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE June 19, 37 Ple Morgan Chapel Centy mation Nature of injury LION 24. Wes disease or injury in any way releted to occupetion of deceesed? 19. UNDERTAKER _

If so, specify (Signed)

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Beike		, , , , , , , , , , , , , , , , , , ,		
Other contributory causes of importance:		Other contributory causes of importance:		
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		9		